

August 6, 2007

Division of Services for People with Disabilities Provider Business Continuity and Disaster Preparedness Plan Template

Please Check Provider Services: 24 hr Residential ____ Day Supports ____ Supported Employment ____
Supported Living ____ 24-Respite ____

(DSPD Providers may use the following template as a “Best Practice” Business Continuity and Disaster Preparedness Plan. Those items marked with a (**) are required elements that must be contained in the providers Business Continuity and Disaster Preparedness Plan which is required under contract with the Department / Division. Providers may use this template as a guide in the development of their plan or may develop their own format as long as their format contains the required elements. It is preferred that the provider have a Plan that is in an electronic format that can be easily updated annually or when changes occur within their organization. A copy of your plan may be forwarded to Steve Wrigley, DSPD Emergency Manager, at swrigley@utah.gov . Steve will see that a copy of your plan is shared with your local DSPD Office.

Department / Division Contract Requirements:

EMERGENCY MANAGEMENT AND BUSINESS CONTINUITY PLAN: The Contractor shall use qualified personnel to perform all services in conformity with the requirements of this Contract and generally recognized standards. The Contractor’s performance shall not be excused by force majeure. The Contractor represents that it has identified the critical functions or processes of its business operations essential for providing the services required in this Contract. The Contractor also represents that it has developed an emergency management and business continuity plan that will allow the Contractor to continue to operate those critical functions or processes during or following an emergency. The Contractor further represents that its emergency management and business continuity plan addresses at least the following areas as they pertain to the services Contractor is providing: 1. Evacuation procedures; 2. Temporary or alternate living arrangements, including arrangements for isolation or quarantine; 3. Vital supplies, including food, water, clothing, first aid supplies, client medications, and other medical necessities, etc.; 4. Communications (with Contractor staff, the appropriate government agency, and clients’ families); 5. Transportation; and, 6. Recovery and maintenance of client records. In addition, the Contractor represents that it provides at least annual training for its staff on its emergency management and business continuity plan and it acknowledges that DHS and DHS/ may rely upon this and the other representations of the Contractor in this paragraph. The Contractor shall evaluate its emergency management and business continuity plan at least annually, and shall modify the plan as appropriate. The Contractor shall provide DHS or DHS/ _____ with a copy of its current plan upon request.

Department of Human Services Appendix C “Federal Assurances and Standard Terms and Conditions” section 3G states: “Emergency Management and Business Continuity Plan” states: That all services are being and will continue to be performed in conformity with the requirements of this Contract by qualified personnel in accordance with generally recognized standards. That is has a “business continuity plan” that will allow it to continue to operate critical functions or processes during or following an emergency and protect the health and safety of clients receiving services through the CONTRACTOR.

() PROVIDER INFORMATION:**

Provider Name:

Provider Main Office Address:

City:

State:

Main Office Telephone Number / Backup Number:

The following natural and man-made disasters could impact our business.

-
-
-
-

() EMERGENCY PLANNING TEAM**

The following individual's will participate on our emergency planning and crisis management team.

Name	Location / Office	Responsibility
•		
•		
•		
•		
•		

OUR CRITICAL OPERATIONS

The following is a prioritized list of our critical operations, staff and procedures needed to recover from a disaster.

Operation	Staff in Charge
•	
•	
•	
•	
•	
•	
•	

Suggested Business Continuity Planning Outline For All Providers:

INFORMATION SYSTEMS BACKUP:

Indicated how you will address the following Personnel / Human Resources & Payroll areas:

- Emergency call-in pool
- Accounts receivable backup
- Accounts payable backup
- 30 to 90 day cash reserves and access plan
- Assess inventory and insurance
- Supply inventory – food, water, blankets, etc.
- Medical supplies and medication inventory

CYBER SECURITY

To protect our computer hardware, we will:

-

To protect our computer software, we will:

-

If our computers are destroyed, we will use back-up computers at the following location:

-

RECORDS BACK-UP

(Insert name) is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite Yes () NO ().

Another set of back-up records is stored at the following off-site location:

-

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:

-

Recovery and maintenance of consumer records:

-

**** To be completed for each Provider Organization:**

Emergency Planning Outline For Main Office Sites:

To be completed for each Residential, Supported Living, Day Support, and Supported Employment main office location:

**** EVACUATION PLAN FOR (insert address) LOCATION**

(Please type answer after question)

- List circumstances under which evacuation may be required:
 -
- List personnel having the authority to order a partial or total evacuation:
 -
- List established assembly site outside the office site, in the event of an evacuation:
 -
- Our assembly site coordinator & alternate is:
 -
- List staff responsibilities in the even of an evacuation:
 -
- List methods of contacting key persons and staff:
 -
- How will you contact key persons and staff?
 -
- What vital records, and documents need to be part of the evacuation?
 -
- We have developed, copied and posted site evacuation maps.
 -
- We will practice evacuation procedures (insert #) times a year.
 -

**** RELOCATON PLAN**

- List circumstances under which relocation are necessary?
 -
- List personnel having authority to order relocation.
 -
- Our alternative main office relocation site/s would be located at:
 -
- What system is established to notify staff and key outside resources of your relocation?
 -
- We have made arrangements for transportation to our alternative site through:
 -
- We have a written letter of agreement with our alternative site and have prepared to bring the necessary supplies.
 -

Emergency Relocation Summary: (This is optional to complete only if the provider desires)

This is a quick reference to needed relocation information. The summary includes specific relocation sites to be used during a Level I, II, and III emergency situation requiring evacuation and relocation of main office staff.

* A **Level I** is defined as a local emergency situation, affecting the main office site. Such an emergency could include a major fire with toxic fumes, significant damage to utilities affecting a local area, a toxic spill or release of hazardous chemicals or biological agents that may affect water systems or are expected to be airborne over short distances. Relocation sites may be within a 10-mile radius of the affected administrative site.

* A **Level II** Emergency is defined as an emergency situation caused by an event that occurs in a community or limited geographic area, comprised of contingent towns, which require relocation outside the affected area. Such an emergency could include a fire, prolonged power outage; local flooding, or toxic spills. Relocation sites must be outside a 10-mile radius of the administrative site.

* A **Level III** Emergency is defined as a catastrophic emergency that affects a wide area and that requires immediate relocation of the populace of large geographic areas. Public confusion and panic are anticipated. Such an emergency could include a major earthquake, or other significant incidents that result in state or national direction to relocate a wide area or region. Evacuation of large numbers of citizens to relocation sites well beyond the affected area is required.

Relocation Plan for Level I Emergency:

1. Relocation Site:
2. Relocation Address:
3. Relocation Phone #:
4. Relocation Contact:

Relocation Plan for Level II Emergency:

1. Relocation Site:
2. Relocation Address:
3. Relocation Phone #:
4. Relocation Contact:

Relocation Plan for Level III Emergency:

1. Relocation Site:
2. Relocation Address:
3. Relocation Phone #:
4. Relocation Contact:

Survival (isolation)

**** SHELTER-IN-PLACE PLAN**

- List possible circumstances when we will shelter-in-place.
 -
- Which personnel have authority to implement shelter in place procedures?
 -
- List materials and supplies that will need to be stockpiled and their storage location:
 -
 -
 -
 -
- We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies staff might consider keeping in a portable kit personalized for their needs.
 -
- What area of the office site will be utilized for shelter if the building integrity is threatened?
 -
- We will practice shelter procedures (insert #) times a year.
 -
- What are the internal and external communications systems established in the event of the need to shelter in place?
 -

- "Seal the Room" Shelter Location:
 -
- Shelter Manager & Alternate:
 - a. Responsibilities Include:

Training:

- How will everyone in your program become knowledgeable of the content of your plan and have opportunity to participate in testing it?
 -
- What is the training schedule that includes content, method, and frequency of training and testing?
 -

Emergency Planning Provider Site Outline:

To be completed for Each Residential and Day Support Provider Site:

****EVACUATION PLAN FOR (Insert address) LOCATION**

- List circumstances under which evacuation may be required.
 -
- List personnel having the authority to order a partial or total evacuation.
 -
- List established assembly site outside the home / facility, in the event of an evacuation.
 -
- Our assembly site coordinator & alternate is:
 -
- List staff responsibilities in the even of an evacuation.
 -
- List methods of contacting key persons and staff
 -
- How will you contact key persons and staff?
 -
- What vital records, documents, and meds needed to be part of the evacuation?
 -
- Are your plans in collaboration with neighbors and community emergency resources?
 -
- We have developed, copied and posted site evacuation maps.
 -
- Our Exits are clearly marked. (For Workshops only)
 -
- We will practice evacuation procedures (insert #) times a year.
- If we must leave the residential or workshop setting quickly, we will:
 -

****RELOCATON PLAN FOR (Insert site address) LOCATION**

- List circumstances under which relocation are necessary?
 -

- List personnel having authority to order relocation.
 -
- Our alternative residential and/or day support relocation sites are:
 -
- What staff will accompany the individuals?
 -
- What system is established to notify staff and key outside resources of your relocation?
 -
- We have made arrangements for transportation to our alternative site through
 -
- We have a written letter of agreement with our alternative site and have prepared to bring the necessary supplies and support staff.
 -
- Individual's going home or to other locations will be released and accounted for by the following procedure.
 -

Emergency Relocation Summary: (This is optional to complete if the provider desires)

This is a quick reference to needed relocation information. The summary includes specific relocation sites to be used during a Level I, II, and III emergency situation requiring evacuation and relocation of the individuals attending the program site.

* A **Level I** is defined as a local emergency situation, affecting a single residential or day program site. Such an emergency could include a major fire with toxic fumes, significant damage to utilities affecting a local area, a toxic spill or release of hazardous chemicals or biological agents that may affect water systems or are expected to be airborne over short distances. Relocation sites may be within a 10-mile radius of the affected program site.

* A **Level II** Emergency is defined as an emergency situation caused by an event that occurs in a community or limited geographic area, comprised of contingent towns, which require relocation outside the affected area. Such an emergency could include a fire, prolonged power outage; local flooding, or toxic spills. Relocation sites must be outside a 10-mile radius of the program site.

* A **Level III** Emergency is defined as a catastrophic emergency that affects a wide area and that requires immediate relocation of the populace of large geographic areas. Public confusion and panic are anticipated. Such an emergency could include major leakage of radioactive material due to an incident at a nuclear power plant, or other significant incidents that result in state or national direction to relocate a wide area or region. Evacuation of large numbers of citizens to relocation sites well beyond the affected area is required.

Relocation Plan for Level I Emergency:

1. Relocation Site:
2. Relocation Address:
3. Relocation Phone #:

Relocation Plan for Level II Emergency:

1. Relocation Site:
2. Relocation Address:
3. Relocation Phone #:

Relocation Plan for Level III Emergency:

1. Relocation Site:
2. Relocation Address:

Relocation Phone #: _

Survival (isolation)

***** SHELTER-IN-PLACE PLAN FOR (Insert address) LOCATION**

- List possible circumstances when we will shelter-in-place.
 -
- Which personnel have authority to implement shelter in place procedures?
 -
- List materials and supplies that will need to be stockpiled and their storage location.
 -

- We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for the needs of the individuals and staff.
 -
- We have addressed vital supplies including food, water, clothing, first aid supplies, consumer medications and other medical necessities.
 -
- What area of the home / facility will be utilized for shelter if the building integrity is threatened?
 -
- What are the minimum staff requirements to assure consumer health and safety? What is your plan to assure adequate staff during an emergency? How will you get commitment from direct support staff?
 -
- What are the internal and external communications systems established in the event of the need to shelter in place?
 -
- "Seal the Room" Shelter Location:
- Shelter Manager & Alternate:
 - a. Responsibilities Include:

**** Coordination of Plans**

- Who is responsible to coordinate the individual plans, the site plans, and the organization plan with the community emergency plan? (example House Manager)
 -
- Who is responsible to coordinate the plan with other providers (i.e. day and residential), Division and the Department?
 -
- Who is responsible to coordinate plans with parents and/or relocation community settings?
 -
- Who is responsible to obtain agreements for outside resources?
 -

**** Training:**

- How will everyone in your program become knowledgeable of the content of your plan and have opportunity to participate in testing it?
 -
- What is the training schedule that includes content, method, and frequency of training and testing?
 -

() To Be Completed for Individuals in Supported Living and Supported Employment providers:**

All individuals in Supported Living and Supported Living settings will have a Individual Emergency Preparedness Plan developed to met their specific needs. Providers will work with the DSPD Support Coordinators to assure that each consumer has an appropriate individual emergency plan developed for the specific circumstance of the individual. This plan should be developed at the

time of placement into the program and reviewed annually. This could be part of the Annual Person Centered Planning process and could be one of the identified Action Plan items. Each individual in Supported Living and Supported Employment needs to assume the primary responsibility for his/her care during and emergency. Provider staff will work with the individual and/or their family in development of a Plan. In the event of an emergency, provider staff will attempt to contact individuals in Supported Living settings as quickly as it possible to assess their needs. Supported Employment staff will work with the individual's employer in the development of a basic emergency plan to be implemented should an emergency occur during the working day.

Possible Content for Individual Emergency Preparedness Plan: (These are suggested items to possibly be included in the individual's Personal Emergency Plan. Provider to include those questions that are appropriate.)

1. **Establish a Personal Support Network.** (A personal support network is made up of individuals who will check with the individual in an emergency to ensure that the individual is okay and give assistance if needed. Identify a minimum of three people per location where the individual spends a significant part of their week: job, home, volunteer site etc.)
 - a. Help the individual organize a network for their home, workplace, and other place where they spend a lot of time.
 - b. Give the network members copies of the individual's emergency information list.
 - c. Arrange with the network to check on the individual immediately after an emergency strikes.
 - d. Agree and practice a communications system regarding how to contact each other in an emergency.
 - e. Show the network members how to operate and safely move the equipment the individual uses for their disability.
 - f. Explain to the network any assistance for personal care the individual may need.
 - g. The individual and their network members should always notify each other when they are going out of town and when they will return.
2. Help the individual develop a Health Card, which contains emergency health information.
3. Help the individual to maintain at least a 7 to 14 day supply of essential medications. (If not possible, at least a three day supply)
4. Help the individual develop an emergency contact list including a number of someone who lives outside of the area.
5. Help the individual gather necessary emergency documents. (records, social security card, identification cards, bank accounts, etc)
6. Help the individual conduct an "Ability Self-Assessment" to evaluate their capabilities, limitations, and needs, as well as their surroundings to determine what type of help will be needed in an emergency.
7. Help the individual develop a 72-hour emergency kit and obtain necessary supplies to use in the event of an emergency.

To Be Completed for Individuals in 24-Hour Respite in the Home of a Provider:

****EVACUATION PLAN FOR (Insert address) LOCATION**

- List established assembly site outside the home in the event of an evacuation.
 -
- What vital records, documents, and meds needed to be part of the evacuation?
 -
- Are your plans in collaboration with neighbors and community emergency resources?
 -
- If we must leave the residential we will:
 -

****RELOCATON PLAN FOR (Insert address) LOCATION**

- Our alternative residential relocation sites are located at:
 -

- What system is established to notify provider staff of your relocation?
 -
- Individual's going home or to other locations will be released and accounted for by the following procedure.
 -

Survival (isolation)

**** SHELTER-IN-PLACE PLAN FOR (Insert address) LOCATION**

- List materials and supplies that will need to be stockpiled and their storage location.
 -
- We have addressed vital supplies including food, water, clothing, first aid supplies, consumer medications and other medical necessities.
 -
- What area of the home / facility will be utilized for shelter if the building integrity is threatened?
 -
- "Seal the Room" Shelter Location: